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APPLICATION NO.	APPLICATION NO. FILING DATE			R	ATTORNEY DOCKET NO. CO		CONFIRMATION NO.
10/798,353	03/12/2004		Tetsuya Kawagishi				
		<b>,</b>	T AND ULTRASONIC IM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE		E FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	12/18/2007
EXAMINER ART UNIT			CLASS-SUBCLASS				
JAWORSKI, FRANCIS J 3768 600-443000							
<ol> <li>Change of corresponde CFR 1.363).</li> </ol>	ence address or indication		g on the patent front page, list 10blon, Spivak,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			c or agents OR, alternat	matively,  -McClelland Majer			
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or	agent) and the nam orneys or agents. If	es of up to		tadt, P.C.
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED O	N THE PATENT (print or t	/рс)	<del></del>		
PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
1) KABUSHIKI KAISHA TOSHIBA Tokyo, Japan 2) Toshiba Medical Systems Corporation Otawara-shi, Japan							
		-			•	*	
rease check the appropri	iate assignee category of	categories (Will not be	e printed on the patent) :	Individual G Co	orporation or	other private grou	up entity Government
la. The following fee(s)	are submitted:		4b. Payment of Fee(s): (Ple		ny previously	y paid issue fee s	hown above)
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